

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 129  
Registered No. 206

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township Globe or Village \_\_\_\_\_  
City Globe No. Globe Haunting Deep St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Emilio Dimario (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Nov. 6, 1929  
Month Day Year

8. FATHER Full name Angelo Dimario 14. MOTHER Full maiden name Enriquetta Dimario

9. Residence (Usual place of abode) Globe, Ariz 15. Residence (Usual place of abode) Globe Ariz  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 43 (Years) 16. Color or race White 17. Age at last birthday 43 (Years)

12. Birthplace (city or place) Italy 18. Birthplace (city or place) Italy  
(State or country)

13. Occupation Miner 19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 10 (a) Born alive and now living 8  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 02  
(c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 1:30 P m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature C. W. Adams Physician or Midwife

Given name added from a supplemental report \_\_\_\_\_ Address Box 636 Globe Ariz

Month, day, year \_\_\_\_\_ Filled 12/17 1929 E. E. Weylman Registrar

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